

Promoting Spiritual Nursing Care in an Intensive Care Unit: A Systematic Review

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ABSTRACT

Most of the patients in intensive care units (ICU) are intubated. These conditions can affect the psychological, social and spirituality condition of the patients. The nurse's role in terms of providing spiritual care is still not optimal. Many feel the urge to reach out to their patients and offer spiritual support, but they do not know how to do it. However, the procedure or intervention needed for providing spiritual care is still little known about. This study aimed to explain the nursing interventions that could be applied for promoting spiritual care based on the existing literature. The systematic review was guided by the PRISMA protocol. A comprehensive search was carried out on a selection of databases; PubMed (Medline), CINAHL, Scopus, Springerlink, ProQuest, EBSCOHost, Web of Science Clarivate Analytic and Science Direct. The searching of published studies was done comprehensively using several keywords: "spiritual nursing care" OR "spiritual care in ICU" OR "spiritual intervention" OR "spiritual AND nurse" OR "spiritual AND critically ill patients" OR "implement spiritual intervention". The searches were limited to publications in English with the year of publication being from 2009 up to February 2019. Ten studies were included in the review. This review confirmed some of the ways to promote spiritual nursing care in the ICU. Nurses, in promoting spiritual nursing, need the ability to communicate effectively and also to collaborate with the patient's family and/or chaplain. It is hoped that this review could be a reference for nurses to allow them to provide spiritual nursing care in the ICU.

Keywords: *nursing, spiritual care, intensive care unit*

Introduction

Patients who are in the Intensive Care Unit (ICU) are patients who have serious illnesses. Most of the patients in the ICU are intubated. These conditions can affect the psychological, social, and spirituality conditions of the patients. Patients who have these conditions become vulnerable to spiritual distress.² The healing process and their coping mechanisms may be delayed if the patient is in spiritual distress and the nurse must utilize this to provide for the spiritual needs of the patient.³

Despite evidence of the benefits from spiritual care, physicians and other health-care providers commonly fail

to assess and address their patients' spiritual care needs in the ICU.⁴ In some of the studies mentioned so far, the nursing role in providing spiritual care is still not optimal. Nurses in the ICU often emphasize physiological needs such as stabilizing the patient's vital signs, and relieving the physiological symptoms. They rarely pay attention to the psychological and spiritual needs of the patients or their spiritual needs are often ignored.¹

A study revealed the differences in the nurses' perception level regarding spiritual care and, consequently, in clinical practice. Although the results demonstrated positive perceptions of spiritual care, the participants rarely incorporated this care into their daily activities.⁵ Research has revealed that nurses rarely provide spiritual care needs for their patients.^{6,7} Most of the studies on spiritual care needs were focused on general wards. The studies on the spiritual needs of patients with critical illnesses were scarce and not well prepared.⁸ A survey focused on 123 ICU nurses from 4

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Turkey hospitals identified that the nursing perceptions and practices in relation to providing spiritual care were still inappropriate.⁹

The barriers for nurses providing such care have also been identified. Many feel the urge to reach out to patients and offer spiritual support but they do not know how to do so.¹⁰ The absence of spiritual care in patients may also be caused by the feelings of the nurses who lack the individual skills to carry out spiritual care.¹⁰ They were thus unable to meet the spiritual needs of their patients.¹¹

Spiritual care can improve the patient's condition and also make the patients comfortable with their critical illness and it can even facilitate the patient's death process.³ However, despite all of the attention given to the spiritual dimension, the majority of nurses still feel that they require more guidance and support from governing bodies to enable them to support and effectively meet their patients' spiritual needs.⁷ Protocols or guidelines in clinical practice must be tailored to specific needs and beliefs.¹² This study aimed to explain nursing interventions that could be applied in promoting spiritual care based on the literature.

Method

The systematic review was guided by the PRISMA protocol (preferred reporting items for systematic review and meta-analysis).¹³

Identification of Studies: The search was carried out using the following databases: PubMed (Medline), CINAHL, Scopus, Springerlink, ProQuest, EBSCOHost, Web of Science Clarivate Analytic and Science

Direct. The search of the published studies was done comprehensively using several keywords: "spiritual nursing care" OR "spiritual care in ICU" OR "spiritual intervention" OR "spiritual AND nurse" OR "spiritual AND critically ill patients" OR "implement spiritual intervention". The searches were limited to having been published in English and where the year of publication was from 2009 up to February 2019.

Study Selection

- 1. Inclusion and exclusion criteria:** Inclusion criteria were imposed as a part of the study selection: 1) intervention given by the nurse, 2) adult patients and 3) in the ICU setting. Studies falling under the following criteria were excluded from the review: 1) reviews and 2) epidemiology studies.
- 2. Quality assessment:** The critical appraisal and study quality assessment were carried out by the authors independently and any discrepancies between the authors' decision were resolved with consensus.

Results

From Figure 1, we can see that 112 studies were found from the electronic search. The first screening eliminated 62 articles because they were identified as duplicates. We continued to conduct the screening process based on language and the availability of the full text and 28 articles were excluded. The remaining 38 studies were screened based on the inclusion and exclusion criteria and 10 studies were included in the review. The ten studies that were included in the review can be seen in Table 1.

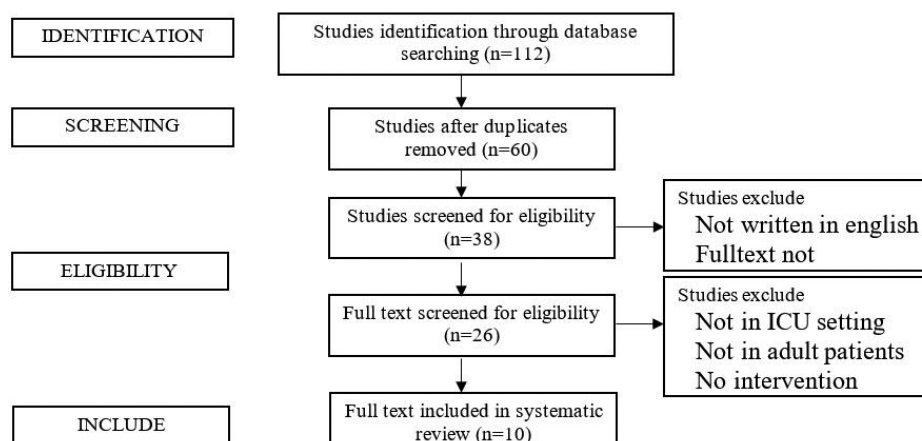


Figure 1: Study selection based on the PRISMA protocol

We can see that there are a wide variety of interventions given to the patients related to spiritual care. The majority of the interventions providing spiritual nursing care in the ICU were interactions between the nurse and patients, communication and collaboration with the family and/or chaplain.

Some of the kinds of intervention mentioned in the study revealed that spiritual care is integral care, and that it is not limited to spiritual rituals. Furthermore, it is interrelated with physical and psychosocial care.³ Communication is also an aspect in part of spiritual nursing care. Simple interventions like being with the patient, listening to them, asking open-ended questions related to their spirituality and beliefs, active spiritual practices and starting and maintaining a dialogue with the patient and families play an important role in providing spiritual nursing care.^{3,16,18,19} In providing spiritual care for critically ill patients in the ICU, nurses have to collaborate with the chaplain or with their family.^{3,14} Nurses also have to facilitate patients when conducting their prayers by helping the patients to pray or by reading holy scriptures.³ It was difficult to find a specific nursing intervention for providing spiritual nursing care in an intensive care unit, especially with critically ill patients. This review confirmed the findings that to provide spiritual nursing care in an intensive care unit, the nurses can follow roles such as (a) assessing the spiritual needs of the patients, (b) collaborating with the family or chaplains, (c) communication and (d) facilitating the patients when praying.

Discussion

The results of this systematic review have showed that to implement spiritual nursing care, nurses should not be limited to religious ritual activities. The forms of spiritual care that were found in this review can be initiated when assessing the patients spiritual needs. In the assessment phase the nurse listens to the patient and explores the patient's spiritual problems.³ Together with the patients, they can allow them to express their experiences of pain, suffering or need, and listen to the patients express their emotions and anxieties as well such as depression, sadness, fear or loneliness, which can hinder their health physically, emotionally and spiritually. These actions can improve the nurses' understanding of the patient's spiritual needs.²² An accurate assessment is very important in order to determine the intervention that

is to be used. The assessment of spiritual needs should be carried out with a systematic approach in which the nurses conduct assessment approaches in all aspects. Effective assessment depends on creating a relationship of mutual trust and respect for the values and beliefs that exist in the client.

In conducting spiritual nursing care, nurses also need to take collaborative steps with the patient's family and chaplains. The patient's family plays a major role in directing their patients' spiritual care. Effective nurse-advisor collaboration is needed (especially given the current changes in the health care system) to provide adequate spiritual care. In addition, increasing the involvement of nurses and chaplains in the context of ethical issues tends to make nurse-chaplain collaboration even more important.²³ The family has an important role to play in supporting and improving the patient's health status. The nurses also have to collaborate and connect with religious leaders to provide spiritual care for the patients and their families. Knowledge of the differences in assessment between the nurses and religious leaders, any differing terminology and the role of the pastors will enhance this collaboration.

Spiritual care also includes respecting the religious beliefs and culture of the patients, and listening and talking with the clients and with the patients by caring for, supporting, showing empathy, facilitating participation in religious rituals, promoting a sense of well-being and referring them to chaplains.²⁴ Praying is the main method by which the patients' spiritual needs can be met.²⁵ Prayer remains a safety net in both health and sickness.²⁶ Prayer has a positive effect on psychological and physical well-being.²⁷ Patients identify kindness and respect, talking and listening, and prayer as the most important aspects of their spiritual care.²⁸ Praying with or for patients, spending time supporting and convincing the patients, listening to the patients verbalizing their fears and anxieties, showing respect for the dignity and spiritual beliefs of their religion, showing kindness and caring, arranging visits of spiritual/religious leaders and offering hope are all important.

Based on the results of the review, communication can be one form of spiritual care that the nurses can do in the ICU. Nurses who are able to communicate well with patients will have a positive impact. Spiritual communication is described as an important nursing role at the end of a patient's life, and nonverbal

communication, listening and discussing the patient's emotions are emphasized as being important and effective nurse communication skills during spiritual care conversations.²⁹ Spiritual communication is important to apply in the ICU. Nurses can assess and integrate the spiritual needs of the patients and their families into clinical care by engaging in spiritual care communication strategies.

Limitation

The systematic review was unable to conclude a specific spiritual nursing intervention available for conscious or unconscious patients.

Conclusion

Spiritual nursing care is not only limited to spiritual rituals. Simple interventions like open communication, helping the patients to pray and collaborating with the family and chaplain can be implemented in terms of promoting spiritual care in the ICU.

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REFERENCES

1. Tsai Y, Lin Y, Huang S. End-of-life care in critical illness. *Taiwan J Hosp Palliat Care*. 2007;12:312–9.
2. Hupcey JE. Feeling Safe: The Psychosocial Needs of ICU Patients. *J Nurs Scholarsh* [Internet]. 2000;32(4):361–7. Available from: <https://sigmapubs.onlinelibrary.wiley.com/doi/abs/10.1111/j.1547-5069.2000.00361.x>
3. Abuatiq A. Patients' and Health Care Providers' Perception of Stressors in the Intensive Care Units. *Dimens Crit Care Nurs* [Internet]. 2015;34(4):205–14. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/26050051>
4. Ho JQ, Nguyen CD, Lopes R, Ezeji-Okoye SC, Kushner WG. Spiritual Care in the Intensive Care Unit: A Narrative Review. *J Intensive Care Med* [Internet]. 2018;33(5). Available from: <https://journals.sagepub.com/doi/abs/10.1177/0885066617712677?journalCode=jica>

5. Abu-El-Noor N. ICU Nurses' Perceptions and Practice of Spiritual Care at the End of Life: Implications for Policy Change. *Online J Issues Nurs*. 2016;21(1):1–10.
6. Chrash M, Mulich B, Patton C. The APN role in holistic assessment and integration of spiritual assessment for advanced care planning. *J Am Acad Nurse Pract*. 2011;23:530–6.
7. Lewinson L, McSherry W, Kevern P. Spirituality in pre-registration nursing practice: A review of the literature. *Nurse Educ Today*. 2015;35:806–14.
8. Clarke E, Luce J, Curtis J, Danis M, Levy M, Nelson J, et al. A Content Analysis of Forms, Guidelines, and Other Materials Documenting End-of-Life Care in Intensive Care Units. *J Crit Care*. 2004;19(2):108–17.
9. Turan T, Karamanoğlu Y. Determining intensive care unit nurses' perceptions and practice levels of spiritual care in Turkey. *Nurs Crit Care*. 2013;18(2):70–8.
10. Balboni M, Sullivan A, Enzinger A, Epstein-Peterson Z, Tseng Y, Mitchell C, et al. Nurse and Physician Barriers to Spiritual Care Provision at the End of Life. *J Pain Symptom Manag*. 2014;48(3):400–10.
11. Murray S, Kendall M, Boyd K, Worth A, Benton T. Exploring the spiritual needs of people dying of lung cancer or heart failure: a prospective qualitative interview study of patients and their carers. *Palliat Med*. 2004;18(1):39–45.
12. Delgado S. Spirituality and Care for Patients and Families. *Am J Crit Care*. 2016;25(3).
13. Moher D, Liberati A, Tetzlaff J, Altman DG, Altman D, Antes G, et al. Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *PLoS Med*. 2009;6(7).
14. Baumhover N, Hughes L. Spirituality and Support for Family Presence During Invasive Procedures and Resuscitations in Adults. *Am J Crit Care*. 2009;18(4):357–66.
15. Kisvetrova H, Klugar M, Kabelka L. Spiritual support interventions in nursing care for patients suffering death anxiety in the final phase of life. *Int J Palliat Nurs*. 2013;19(2):599–605.

16. Chandramohan S, Bhagwan R. Utilization of Spirituality and Spiritual Care in Nursing Practice in Public Hospitals in KwaZulu-Natal, South Africa. *Religions*. 2016;7(3).
17. Wiwanitkit V. Praying for Patients at the End of Life: A Form of Spiritual Care. *J Crit Care Nurs*. 2017;10(2).
18. Elk R, Hall EJ, DeGregory C, Graham D, Hughes BP. The Role of Nurses in Providing Spiritual Care to Patients: An Overview. *J Nurs [Internet]*. 2017; Available from: <https://www.asrn.org/journal-nursing/1781-the-role-of-nurses-in-providing-spiritual-care-to-patients-an-overview.html>
19. Noome M, Kolmer DMBG, Leeuwen E van, Dijkstra BM, Vloet LCM. The role of ICU nurses in the spiritual aspects of end-of-life care in the ICU: an explorative study. *Scand J Caring Sci [Internet]*. 2017;31(3):569–78. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/scs.12371>
20. MT S. How Do Nurses Implement Spiritual Care for Caregivers? *J Christ Nurs*. 2017;34(2):128.
21. Ku Y-L. Spiritual Needs and Care of Patients from Nurses Perspectives on ICU. *J Nurs Care*. 2016;5(4):1–6.
22. Zyblock DM. Nursing Presence in Contemporary Nursing Practice. *Nurs Forum*. 2010;45(2):120–4.
23. Liefbroer AI, Erik O, Ganzevoort RR, Etten-Jamaludin FS van. Interfaith Spiritual Care: A Systematic Review. *J Reli Heal*. 2017;56:1776–1793.
24. Khoshknab, Fallahi M, Mazaheri M, Maddah SSB, Rahgozar M. Validation and reliability test of Persian version of The Spirituality and Spiritual Care rating Scale (SSCRS). *J Clin Nurs [Internet]*. 2010;19:2939–41. Available from: <http://10.0.21.26/2011/534803>
25. Callister LC, Khalaf I. Spirituality in Childbearing Women. *J Perinat Educ*. 2010;19(2):16–24.
26. Rassool GH. The crescent of Islam: Healing, nursing and the spiritual dimension. Some consideration to the understanding of the Islamic perception of caring. *J Adv Nurs [Internet]*. 2000;32:1476–80. Available from: <http://onlinelibrary.wiley.com/doi/10.1046/j.1365-2648.2000.01614.x/>
27. Barber JR. Nursing Students' Perception of Spiritual Awareness after Participating in a Spiritual Project. College of Saint Mary; 2008.
28. Büssing A, Koenig HG. Spiritual Needs of Patients with Chronic Disease. *Relig Spirit Heal J*. 2010;1:18–27.
29. Wittenberg E, Ragan S, Ferrell B. Exploring Nurse Communication About Spirituality. *Am J Hosp Palliat Care*. 2017;34(6):566–71.